

Massachusetts Division of Health Care Finance and Policy
2 Boylston Street, Boston, MA 02116
Tel: 617-988-3100 Fax: 617-727-7662 TTY: 617-988-3175

NURSING FACILITY:
DEMOGRAPHIC INFORMATION FORM

Who Must File: All Massachusetts Nursing Facilities

When to File: It is very important to maintain the most current information on file with the Division of Health Care Finance and Policy. If any information changes subsequent to you filing this form, please submit a new form to the Division with the updated information immediately.

Where to File: Patricia McCusker, Rating Group
Division of Health Care Finance and Policy
Two Boylston Street (4th Floor)
Boston, MA 02116

Assistance: If you need help or have any questions relevant to completing this worksheet, please contact the DHCFP Help Desk at 800-609-7232.

Facility General Information (Section I): Please type or print legibly the required information on the designated lines in this form, unless otherwise noted. Refer to the grid below for a description of each demographic required.

Demographic	Description
Vendor Payment Number (VPN)	The new Vendor Number assigned to the facility by the Department of Public Health (DPH), which is also used to bill Medicaid.
Previous Vendor Payment Number (VPN)	The previous owner's Vendor Number assigned to the facility by DPH, if applicable.
Effective Date of Change in VPN	The date the change of ownership or change in legal form was approved by DPH, if applicable.
Type of Change	<p>Please check all that apply. Indicate if this is a new facility or if this was a change of ownership or a change in legal form. A change of ownership is described in regulation 114.2 CMR 6.00, Standard Payments to Nursing Facilities as "A bona fide transfer, for reasonable consideration, of all powers and indicia of ownership. A change of Ownership may not occur between Related Parties. A change of ownership must be a sale of assets of the Provider rather than a method of financing. A change in the legal form of the Provider does not constitute a Change of Ownership unless the other criteria are met."</p> <p>This form can also be used to change contact information or change in renewal notice address. See Section II for further explanation of the Contact Reasons.</p>
Legal Status	Enter the legal status of the facility.
Legal Facility Name	For purposes of this form, the Legal Facility Name should be the name that the facility is registered under for Federal Employer Identification Number (FEIN) purposes with the Internal Revenue Service (IRS).

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Demographic	Description
Facility Name (Doing Business As), if different:	The name that the facility does business as (DBA). If the name that the facility does business as is the same as the legal facility name, just print the word "same" on the designated line.
Division	The name of the division, department or unit of the nursing facility depending on the organizational structure of the nursing facility (i.e., Northeast Region, Accounting, Reimbursement Department, etc., if applicable). If this line does not apply to your organizational structure, please print the words "non-applicable."
Facility Street Address	The street address where the nursing facility is located
Facility City, State, ZIP Code	The city, state, and ZIP Code where the nursing facility is located.
Federal Employer Identification Number	The Federal Employer Identification Number (FEIN) assigned to the nursing facility by the Internal Revenue Service for all tax filing purposes. If the same FEIN is used for more than one facility, please place an "x" in the box and attach a list of facilities that use the same FEIN number.

Contact Information (Section II): Please complete the applicable Contact Sections A through C by typing or printing legibly the name, title, mailing address, phone number, fax number and email address of the person designated by the facility to receive notifications based upon which boxes you checked off under type of change. Please include the name of the company, and/or department to which the mail should be sent. If the mailing address is the same as the facility address, just print the word "same" on the designated line.

The facility may select more than one person for each type of contact reason (except for Renewal Notice Contact) by completing multiple forms. One person should be designated as a primary contact by checking the Primary Contact box in the applicable Contact Section(s) A through C below. If the Rate Contact Person is also a contact person for other purposes such as User Fee or User Fee Renewal Notices, the same mailing address must be used. Our system only allows one address per person. However, the system does allow more than one address per facility if it is tied to a different contact person. See the grid below for the different types of contacts.

Contact Type	Reason
Rate Notification	The facility designated person who will be notified by email when rates are posted to the Division's web page.
User Fee-General	The facility designated person who will be notified of any changes to the User Fee calculation methodology and will be contacted with any questions regarding the data filed for the reporting period(s) and/or the user fee payment.
User Fee-Renewal Notice	The facility designated person who will be mailed the User Fee Renewal Notice payment coupon and notified of any relevant changes regarding the Renewal Notice. Only one Renewal Notice Contact may be designated.

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Section I: Facility General Information

Vendor Payment Number (VPN)	
Previous Vendor Payment Number (VPN)	
Effective Date of Change in VPN	
Type of Change	<input type="checkbox"/> New <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change in Legal Form <input type="checkbox"/> Change in Rate Notification Contact (A) <input type="checkbox"/> Change in User Fee General Contact Information (B) <input type="checkbox"/> Change in User Fee Renewal Notice Contact Information (C)
Legal Status	<div> <input type="checkbox"/> MA Corp (Chap 156) <input type="checkbox"/> MA Corp (Chap 156 with 501c(3) exemption) <input type="checkbox"/> MA Non-Profit Corp (Chap 180) <input type="checkbox"/> Partnership </div> <div> <input type="checkbox"/> Non MA Corp <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Other For-Profit <input type="checkbox"/> Other Non-Profit </div>
Legal Facility Name	
Facility Name (Doing Business As), if different:	
Division	
Facility Street Address	
Facility City, State, ZIP Code	
Federal Employer Identification Number	

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Section II: Contact Information

Contact Type	(A) Rate Notification	(B) User Fee General	(C) User Fee Renewal Notice
Facility Contact Name	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Primary Contact	<input type="checkbox"/> Primary Contact
Facility Contact Title			
Mailing Street Address ¹			
Mailing City, State, ZIP Code			
Facility Contact Phone Number			
Facility Contact Fax Number			
Facility Contact e-mail address			

Signature of Preparer

Date

Print Name of Signatory (above)

Print Title

¹ See Instructions